

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>8/25/05</u>		2 Serial/Patent # <u>10/528,044</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other		<u>3-16-05</u>	<u>\$ 50.00</u>						
		7 TOTAL AMOUNT OF REFUND		<u>\$ 50.00</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check							
<input checked="" type="checkbox"/>	Overpayment		Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
	No Fee Due (Explanation):									
<u>Fee Code Correction</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>B.A.C.</u>		TITLE: _____								
SIGNATURE: <u>BAC</u>		PHONE: _____								
OFFICE: <u>PCT/PA/EOJ</u>		Refund Ref: <u>88/22/2005</u> RCOMPRI 8800147857								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		CHECK Refund Total: <u>\$50.00</u>								
		DATE: <u>8-29-05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Check Refund

Refund Status Window Help



Refunded Payment

Payment from check no.: 011443

Bank Routing Code: 042200295

Acct No.: XXXXXXXXXX345

Check Refund

Number:

Hold Date:

08/26/2005

Issue Method

PCT Code

Amount:

50.00

Treas Check No:

☐ Electronic

☐ WIPO

Refund Cat:

NONGOVNMNT

Status: INPROCSS

☒ Paper

☐ EPO

Fee Cd:

Name/Number:

10528044

☐ None

Mailing Address

Payee Name:

DINSMORE & SHOHL LLP



Tax Identification No:

Attention:

Street:

ONE DAYTON CENTRE

ONE SOUTH MAIN STREET

SUITE 1300

City:

DAYTON

Province:

State:

OH

Country:

US

Postal Code:

45402

BCAMPBEL

08/26/2005

Enclosure Text

MAILROOM DATE: 03/16/2005

NAME/NUMBER: 10528044

ATTY DOCK #/TRADEMARK: BES 0009 PB

AMOUNT REFUNDED: 50.00

OVERPAYMENT FOR A SERVICE

FOR QUESTIONS RELATING TO REFUND, CONTACT

BARBARA CAMPBELL - 703 308-91 40 EXT.217

08/26/2005

